

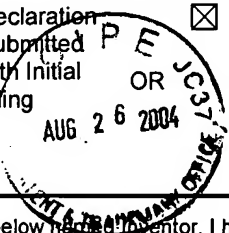
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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required) 	Attorney Docket Number	26427-711.201																																								
	First Named Inventor	Belson																																								
	COMPLETE IF KNOWN																																									
	Application Number	10/767,109																																								
	Filing Date	January 28, 2004																																								
	Group Art Unit	3737																																								
	Confirmation No.	4426																																								
Examiner Name	Not Yet Assigned																																									
<p>As a below named inventor, I hereby declare that:</p> <p>My residence, post office address, and citizenship are as stated below next to my name.</p> <p>I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <div style="border: 1px solid black; padding: 10px; text-align: center;">Methods And Apparatus For Accessing And Treating Regions Of The Body</div> <p style="text-align: center;"><i>(Title of the Invention)</i></p> <p>the specification of which <input type="checkbox"/> is attached hereto OR <input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) January 28, 2004 as United States Application Number or PCT International Application Number 10/767,109 and was amended on (MM/DD/YYYY) <input type="checkbox"/> (if applicable).</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p>I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.</p> <table border="1" style="width: 100%;"><thead><tr><th>Prior Foreign Application Number(s)</th><th>Country</th><th>Foreign Filing Date (MM/DD/YYYY)</th><th>Priority Not Claimed</th><th colspan="2">Certified Copy Attached?</th></tr><tr><th></th><th></th><th></th><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table> <p><input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:</p> <p>I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.</p> <table border="1" style="width: 100%;"><thead><tr><th>Application Number(s)</th><th>Filing Date (MM/DD/YYYY)</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table> <p><input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.</p>			Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?						YES	NO				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application Number(s)	Filing Date (MM/DD/YYYY)		
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(Page 1 of 2)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 021971 

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar
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Name	Registration Number	Name	Registration Number

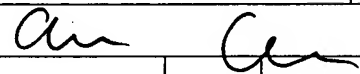
☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 021971 OR ☐ Correspondence address below

Name	W. Benjamin Glenn				
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Country	U.S.	Telephone	650-493-9300		Fax 650-493-6811

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Amir		Belson	
Inventor's Signature			Date 7/24/01
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City	Cupertino	State	CA
		ZIP	95014
		Country	USA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

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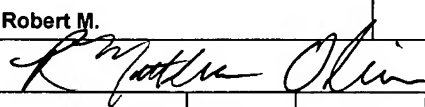
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname					
Robert M.				Ohline					
Inventor's Signature					Date		7/27/04		
Residence: City		Redwood City		State		CA		Country	
						USA		Citizenship	
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City		Redwood City		State		CA		ZIP	
						94061		Country	
								USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname					
Inventor's Signature					Date				
City		State		Country		Citizenship			
Post Office Address									
Post Office Address									
City		State		ZIP		Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname					
Inventor's Signature					Date				
City		State		Country		Citizenship			
Post Office Address									
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City		State		ZIP		Country			

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